

## DONATION FORM FOR CATASTROPHIC ILLNESS LEAVE

To be eligible to donate vacation leave:

1. Only half or whole day (four hour increments) may be donated.
2. You must not have solicited nor accepted anything of value in exchange for the donation.
3. You must have remaining to your credit at least 40 hours of accrued vacation leave.

Name of Employee you are donating to: \_\_\_\_\_

Number of half or whole vacation days you are donating: \_\_\_\_\_

I understand my vacation leave balance will be decreased by day(s) I am donating and that my vacation leave shall be irrevocably credited to the recipient's sick leave account.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print your name \_\_\_\_\_

Your SS Number or NIS Address Book # \_\_\_\_\_

Your Division / Office \_\_\_\_\_

I authorize release of my name and hours donated to recipient only upon request. **Yes** **No**  
(Please circle)

Witness Signature \_\_\_\_\_

Supervisor's Name/Location \_\_\_\_\_

### Human Resources Use Only

Eligible \_\_\_\_\_ Position No. \_\_\_\_\_

Hourly Rate of Donor \_\_\_\_\_

Ineligible \_\_\_\_\_

Verified by HR contact \_\_\_\_\_  
Name Date

Reason: \_\_\_\_\_

Original sent to requester HR contact \_\_\_\_\_  
Date

Donated Hours Used \_\_\_\_\_ \*

(\*All of donated hours may not be used if requested amount has been met and remaining hours would exceed request.)

Notice sent to Donor \_\_\_\_\_  
Date

Verified by \_\_\_\_\_  
Human Resource Contact Date

Copy sent to donor Agency \_\_\_\_\_ (Date)

Notice sent to Donor of hours used \_\_\_\_\_ (Date)